

**CLARK COUNTY DEPARTMENT OF DEVELOPMENT SERVICES**

BUILDING DIVISION

4701 West Russell Road, Las Vegas NV 89118 * (702) 455-3000

**PRE-SUBMITTAL MEETING
INFORMATION FORM**

Please complete the following information to assist CCDS-BD in ensuring that the proper personnel are in attendance.

CONTACT PERSON: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

PROJECT NAME: _____

APPROXIMATE LOCATION OF PROJECT: _____

APN: _____ LAND USE APPLICATION NO.: _____

DESCRIPTION: _____

CHECK MARK ALL APPROPRIATE CLASSIFICATIONS AND INCLUDE SQUARE FOOTAGE.

☐ Assembly, Group: A Sq. Ft.: _____ ☐ High Hazard, Group: H Sq. Ft.: _____ ☐ Storage, Group: S Sq. Ft.: _____☐ Business, Group: B Sq. Ft.: _____ ☐ Institutional, Group: I Sq. Ft.: _____ ☐ Utility, Group: U Sq. Ft.: _____☐ Educational, Group: E Sq. Ft.: _____ ☐ Mercantile, Group: M Sq. Ft.: _____☐ Factory, Group: F Sq. Ft.: _____ ☐ Residential, Group: R Sq. Ft.: _____

PROPOSED CONSTRUCTION TYPE: _____ NUMBER OF STORIES: _____

FIRE PROTECTION ASPECTS: _____ TOTAL AREA IN SQ. FT.: _____

PROPERTY LINE SETBACKS: North _____ South _____ East _____ West _____ VALUATION: _____

SMOKE CONTROL? ☐ Yes ☐ No COMMISSION ACTION REQUIRED? ☐ Yes ☐ No

LIST ALL DESIGN TEAM MEMBERS WHO WILL BE IN ATTENDANCE ALONG WITH THEIR FUNCTIONS AND COMPANY NAMES.

	NAME	FUNCTION	COMPANY NAME	FAX NO.	E-MAIL
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

LIST ALL ISSUES TO BE DISCUSSED:

<input type="checkbox"/> Zoning	<input type="checkbox"/> Mechanical Codes	<input type="checkbox"/> Phasing Construction	<input type="checkbox"/> Inspections
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Plumbing Codes	<input type="checkbox"/> Deferred Submittals	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Project Submittal	<input type="checkbox"/> Alternate Methods	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Building Codes	<input type="checkbox"/> Permit Process	<input type="checkbox"/> Express Plan Review	<input type="checkbox"/> Other (Describe): _____
<input type="checkbox"/> Electrical Codes	<input type="checkbox"/> Fees & Special Fees	<input type="checkbox"/> QAA	_____

Attach additional sheets if necessary.

Fax sheet(s) to: CCDS-BD (702) 221-6380 or (702) 380-9910

Telephone No. (702) 455-8011

05/08